

A birthday invitation

With the publication of this month's issue, we mark *The Lancet Global Health's* first birthday. I hope you will allow me to effuse for a moment in the manner of a new parent discovering the fascination of her offspring's everyday achievements...

Since its conception in March, 2013, the infant *TLGH* has maintained a healthy intake of submissions, with an average of 72 per month and a total of more than 1000 to date. Its diet has been varied, ranging from noma in Niger to sexual violence in Asia-Pacific, with this nutritious fodder being sourced from a total of 79 countries (luckily air miles were saved by cunning use of online delivery vehicles).

Baby *TLGH* hit all of its developmental milestones, having published 52 original research articles, 101 commentaries, and 61 letters to the editor in its first 12 months. Additionally, in a display of astonishing (to its parent) precociousness, its conjoined twin, *The Lancet Global Health Blog*, published 50 posts—all bar four of which were spontaneously submitted.

Finally, if you'll permit me to labour a metaphor for one more paragraph, because *TLGH's* progress can be followed without the need to pay to join an exclusive community (ie, to buy a subscription), family (researchers), friends (readers), and wellwishers (everyone else) have been generous in their support: the journal has more than 6000 Twitter followers and almost 30 000 individuals signed up for new content alerts, and saw nearly 183 500 full-text downloads over the past year. I am tremendously grateful for the confidence shown in the journal so far and am excited to join *TLGH's* supporters in anticipating the coming years of publishing influential research and thought-provoking commentary.

But to concentrate on this month's issue for a while, the Comment section sees a flurry of post-2015 attention as stakeholders gear up for the UN General Assembly in September. This year's meeting is a critical milestone in the process of development planning for the period beyond the Millennium Development Goals' (MDGs) expiry in 2015. Agency actors are seeking to combine the two current development tracks: the Sustainable Development Goal (SDG) process that was born of the Rio+20 earth summit in 2012 and the various post-MDG consultations led by UN Secretary General Ban Ki-Moon since late 2011. After the meeting, Ban will put together

a synthesis report that amalgamates the inputs for both tracks and sets out a new framework for development after 2015.

This new framework will inevitably include a set of new targets for the next 15–20 years, and several have been put forward already: that all countries achieve a neonatal mortality ratio of no more than 12 per 1000 livebirths by 2030 (or 10 by 2035); an under-5 mortality ratio of no more than 25 per 1000 livebirths by 2030 (or 20 by 2035); and a maternal mortality ratio of fewer than 70 per 100 000 livebirths by 2030 (or 50 by 2035). In their Comment in this issue, Robert Cohen and colleagues explore how feasible these targets would be for countries, particularly those in sub-Saharan Africa. One criticism of the MDGs was that fixed targets inevitably lead to a sense of futility or of failure for countries whose chances of achieving them are virtually nil. Cohen and colleagues suggest supplementing global goals with country-specific ones, and indeed this is not the first call for such targets. The Task Team for the Global Thematic Consultation on Health concluded that "Countries should set targets according to what they can achieve in their own settings and with the resources available to them intrinsically, rather than solely through development assistance."

Empowering local decision makers to calculate what is feasible and cost-effective in that country is a crucial component of sustainable development, and Mark Jit and colleagues' Article describes one potential means to achieve such agency as it applies to human papillomavirus (HPV) vaccination. Jit and colleagues construct a user-friendly model that uses simplified inputs to calculate the health and economic benefits of HPV vaccination of girls before sexual debut. The model performed comparably with established, more complex, cost-effectiveness models and showed that HPV vaccination of girls is likely to be cost-effective in almost every country.

Agency—the capacity for human beings to make choices—should be at the heart of any global health agenda. As *The Lancet Global Health* continues on its developmental journey, we invite original research whose aim is not merely to inform, but to empower.

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For **neonatal mortality targets** see *Lancet* 2014; published online May 20. [http://dx.doi.org/10.1016/S0140-6736\(14\)60496-7](http://dx.doi.org/10.1016/S0140-6736(14)60496-7)

For **under-5 mortality targets** see *JAMA* 2012; **308**: 141–142

For **maternal mortality targets** see *Lancet Glob Health* 2013; **1**: e176–77

For the **report of the Task Team for the Global Thematic Consultation on Health** see <http://www.worldwewant2015.org/file/337378/download/366802>